

## **CLAIMS PACKET**

### **A GUIDE FOR PRIVATELY OWNED VEHICLE SHIPMENT OR STORAGE CLAIMS**

#### **FILING INSTRUCTIONS**

#### **ONE DEADLINE YOU CANNOT AFFORD TO MISS**

**TWO YEARS FROM DATE OF DELIVERY:** Federal law requires that you deliver your claim within two years after it accrues. For vehicle shipments or storage at government expense this is the date you picked up your vehicle. This requirement is statutory.

#### **ADDITIONAL INFORMATION**

1. Taking the time to correctly complete the attached claims package and provide the required documentation will ensure a quick response to your claim.
2. If you need copies of forms referred to in this package, please make them yourself before you file your claim. The claims office does not have a copy machine available for public use.

## IT'S YOUR CLAIM

### 1. GENERAL.

These instructions are designed to answer your questions regarding who can file, where to file and how to file a claim with the government for damage or loss sustained to your privately owned vehicle (POV) while shipped or stored at government expense. **Reading these instructions carefully and answering all questions will ensure the most expeditious processing of your claim.** Not completing the forms properly or not providing all required documents and substantiation will result in delay or even denial of your claim. **Keep copies of all documents submitted.**

**Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for a successful claim.**

### 2. WHO MAY FILE A CLAIM?

a. Proper Claimant. The Military Personnel and Civilian Employees' Act (PCA) covers all active duty members and reservists on active duty for training under federal law whether commissioned, enrolled, appointed, or enlisted. The PCA also applies to Department of the Navy (DON) Federal employees. Reservists or retired members may only claim for POV shipping or storage damages under the PCA if loss or damage occurred in connection with shipment or storage under orders and paid for by the government

b. Power of Attorney. A legal representative who has been designated as such by a power of attorney may file a PCA claim on behalf of the claimant. All claims-related forms must be filled out in the proper claimant's name. The agent signs the forms: "John Claimant, by Jane Agent, attorney-in-fact." Payment will be made to the claimant's account, not to his or her agent unless the POA specifically states that the agent is authorized to both file the claim and receive payment. If an agent is filing a claim on your behalf, the agent must include a copy of his or her power of attorney in the claim package. The designation of an agent to release and/or take delivery of your POV is not a valid power of attorney for claims purposes. The agent must have either a General Power of Attorney, granting the agent the power to do whatever the claimant could do, or a Specific Power of Attorney, granting the agent the authority to file and settle the claim. Many Navy Legal Service Offices provide power of attorney assistance on a walk-in basis. The prospective claimant must be present to grant a power of attorney. Remember, the power of attorney must be effective on the date the claim is submitted.

### 3. WHAT FORMS WILL I NEED TO FILE?

The two forms for use in filing your PCA claim are the **DD Form 1842, *Claim for Loss of or Damage to Personal Property Incident to Service***, and the **DD Form 1844, *List of Property and Claims Analysis Chart***. Copies of the forms are attached to this

packet. You may also get claims packages from any Personal Property Office (PPO), NLSO or Staff Judge Advocate's Office. If you are assigned to another service's installation, you can get forms from their claims office but use only this Navy claim package for information and guidance on completing your claim. Forms, and this package, can be found on-line through the Navy Knowledge Online website, [www.nko.navy.mil](http://www.nko.navy.mil) (by going into your "Personal Development" page in the in NKO), the Navy's Office of the Judge Advocate General website, [www.jag.navy.mil](http://www.jag.navy.mil) (by selecting "Claims" on the screen), and the NLSO Mid-Atlantic website, [www.jag.navy.mil/html/NLSOMidlantnewmain.htm](http://www.jag.navy.mil/html/NLSOMidlantnewmain.htm) (by selecting "Claims" on the screen). When preparing your claim, please read and follow the "Filling out the DD Form 1842 (HHG)," "Filling out the DD Form 1844 (HHG)" instruction sheets and the attached check-off list. Make sure that you completely fill in the information required on each form and on the check-off list and attach all supporting documentation listed on the check-off list before you file your claim.

#### 4. WHAT ARE MY TIME LIMITS?

The claim must be filed no later than **two years** from the date you picked up your POV. That means that a claims office must **receive** your claims package by that date. **This is a strict, statutory requirement that cannot be waived.**

#### 5. WHERE DO I FILE?

a. With the Navy. Claims should be filed with the appropriate office listed below:

If your POV was shipped to:

1. Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia (DC), Florida (Zip Codes 324-325, Panama City and Pensacola), Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Azores, Bermuda, Canada, Greenland, Iceland

2. Florida (except Pensacola/Panama City area Zip Codes 324-325), Kings Bay area of Georgia, Puerto Rico, Cuba, Caribbean Sea, Islands of the West Indies (Greater and Lesser Antilles, Bahamas, etc.), South America (less Ecuador, Peru, and Chile)

File your claim with:

1. Personnel Claims Unit Norfolk  
9053 First Street Suite 102  
Norfolk, VA 23511-3605  
(888) 897-8217/Fax (866) 782-7297  
DSN 564-3310/FAX DSN 564-3337

2. Commanding Officer  
Naval Legal Service Office Southeast  
Box 107, Bldg. 8, Room 127 Ranger Street  
Naval Air Station  
Jacksonville, FL 32212-0107  
(904) 542-2565/Fax (904) 542-9869

3. South Carolina and Georgia (except Kings Bay, Georgia)	3. Officer in Charge Naval Legal Service Office Southeast Branch Office Charleston 1661 Red Bank Road, Suite 109 Goose Creek, SC 29445-6511 (803) 764-7635/FAX (803) 764-7628
4. Arizona, California, Colorado, Kansas, Nevada, New Mexico, Oklahoma, Utah, Ecuador Peru, Chile	4. Commanding Officer Naval Legal Service Office Southwest 3395 Sturtevant Street, Suite 2 San Diego, CA 92136-5138 (619) 556-7271, ext. 208/FAX (619) 556-7772
5. Hawaii, Antarctica, Arctic, Australia, Guam, Japan, Indian Ocean east of 60°E longitude, Pacific Ocean	5. Personnel Claims Unit Naval Legal Service Office Pacific Detachment Pearl Harbor 850 Willamette Street Pearl Harbor, HI 96860-5109 (808) 473-5982, ext. 316/314/DSN 473-5982 FAX (808) 473-0630/FAX DSN 473-0630
6. Africa, Europe (see below for Rota, Sigonella, and London), Ireland, United Kingdom, Indian Ocean west of 60°E longitude, Mediterranean Sea, Eurasia (see below for Bahrain)	6. Commanding Officer Naval Legal Service Office EURSWA PSC 817 Box 8 FPO AE 09622 (39) 081-568-4576/FAX (39) 081-568-4577
7. Rota, Spain	7. Naval Legal Service Office EURSWA Detachment Rota PSC 819 Box 46 FPO AE 09645-0046 (34) 956-82-2531/FAX (34) 856-82-1707
8. Sigonella, Italy	8. Naval Legal Service Office EURSWA Detachment Sigonella PSC 812 Box 3320 FPO AE 09627-3320 (39) 095-86-5258/FAX (39) 085-86-5259
9. London, England	9. Naval Legal Service Office EURSWA Branch Office London PSC 451 Box 420 FPO AE 09834-2800 (44) 207-514-4499
10. Bahrain	10. Naval Legal Service Office EURSWA Branch Office Bahrain PSC 802 Box 126 FPO AE 09499 00973-72-4172/FAX 00973-72-4173
11. Greece	11. Staff Judge Advocate NAVSUPACT Souda Bay PSC 814, Box 1 FPO AE 09865-0102 30-8210-21316

Be sure that your claim is completed, as described in this package, and signed before filing your claim. If you are e-mailing the claim, remember to sign the DD Form 1842 before scanning your documents. Please make sure that if you are e-mailing your claim that all scanned documents are legible and in one of the following formats: ADOBE PDF, JPG File, TIFF Document, GIF File, or Bitmap Image. Claims examiners will then adjudicate your completed claim. They determine the amount of compensation you are entitled to receive based on the information you provide. You will be provided a written response explaining the adjudication of your claim.

b. Insurance Company. You **DO NOT HAVE TO FILE** with your private insurance company **IF** your claim is for loss/ damage to your POV **while it was being shipped or stored at government expense**. However, you may want to consider the following issues when deciding whether or not to file with your private insurance company:

(1) Your private insurance company will most likely pay you the full replacement value (i.e. new-for-old) for lost or destroyed items rather than the fair market value (depreciated replacement cost) the government is authorized to pay.

(2) The Government has limits on both the total amount that we can pay for your POV and on how much we can pay for certain types of property.

(3) Some insurance companies will consider the number of claims you have filed in a certain time period when deciding whether to renew a policy or to issue you a new policy.

(4) Your private insurance may pay you for items for which the government cannot pay. If you have any questions about whether or not to file with your insurance company, you need to discuss your concerns with the company. Claims personnel are not authorized to counsel you regarding private insurance coverage.

c. Directly with Carrier. At the time of the final joint inspection of your POV, you may choose to settle the claim for damages to your POV directly with the contract carrier. The contractor will provide you with a vehicle claims instruction sheet. Read that instruction sheet very carefully. If there was minor damage to your vehicle and you and the contractor agree on a settlement, you can be paid directly by the carrier. Part of the form will warn you that **settlement with the contractor is final and the government may deny any claim brought later for loss to your POV during this shipment**.

## 6. HOW DO I GET PAID?

If an award is authorized, a pay voucher will be sent to the Defense Finance and Accounting Service (DFAS). DFAS will electronically deposit the amount awarded directly into your account. If you do not have a DFAS pay account (i.e., you are no

longer in the military or work for any Department of Defense agency), you will need to fill out the attached Electronic Funds Transfer (EFT) Data sheet. If you are a nonappropriated fund (NAF) employee, your claim will be submitted to your activity for payment from NAF funds.

## **7. DAMAGE INSPECTION**

Joint Owner/Carrier Inspections. When you take delivery of your vehicle, you must thoroughly inspect it prior to driving off the lot. You must note all discrepancies on the reverse of the **Private Vehicle Shipping Document (DD Form 788) or on the Vehicle Inspection and Shipping Form (VISF)**, which will be countersigned by personnel at the POV lot. Allow sufficient time for this inspection and inspect the vehicle inside/outside and top-to-bottom. Start the vehicle and engage the gears to be sure that engine and power train are functioning. Turn on wipers, lights, sound systems, air conditioner, and heater to be sure that those systems work. **Taking the time to conduct a thorough inspection is extremely important, as damage not annotated on your form before you drive off the lot may not be compensated.**

## **8. ADDITIONAL INFORMATION**

Your claim will be processed quickly if it is completed in accordance with these instructions. We suggest that you prepare your claim as soon as possible after delivery, while the information is fresh in your mind. **A checklist is provided in this package to assist you in completing your claim. Compliance with this checklist will help to expedite your claim, and noncompliance will delay processing.**

**CHECK-OFF LIST FOR LOSS OF OR DAMAGE TO POV IN SHIPMENT**

I understand that my claim must contain the following information and documentation. I have included one copy of each document and I have kept a copy of each document for my own records. My initials on each line mean I have included a copy of the requested document in this file. **I MUST BE SURE THE CLAIMS OFFICE RECEIVES MY CLAIM WITHIN TWO YEARS FROM THE DATE I PICKED UP MY POV. I UNDERSTAND THAT SIMPLY MAILING THE CLAIM WITHIN THE TWO YEARS IS INSUFFICIENT; THE CLAIMS OFFICE MUST RECEIVE THE CLAIM WITHIN TWO YEARS. THE DD FORM 788 POV SHIPPING DOCUMENT OR VEHICLE SHIPMENT INSPECTION FORM (VSIF) I FILLED OUT WHEN I PICKED UP MY VEHICLE IS NOT MY CLAIM, BUT IS FOR NOTIFICATION OF LOSS TO THE CARRIER ONLY.**

1. \_\_\_\_\_ This checklist.

2. \_\_\_\_\_ DD Form 1842, Claim for Loss of or Damage to Personal Property Incident to Service. I have completed every section of the DD Form 1842, including Block 9, Amount Claimed, and Block 10, Circumstance of Loss or Damage, and Block 17, Signature.

3. \_\_\_\_\_ I have private automobile insurance. For claims for loss or damage to my POV being shipped or stored at government expense, I understand that I **do not** have to file with my insurance company but that the amount paid by the government may be less than what I may be entitled to under my insurance policy. If I claim only with the government, I cannot later make a claim for those items on my government claim with my insurer. If I do wish to make a claim with my insurer, I understand I must submit my demand against the insurer before or at the same time I submit my claim with the government. I have included a copy of any correspondence with my insurance company.

4. \_\_\_\_\_ I have made a claim with the contractor who shipped my POV. I have attached a copy of the claim and any correspondence I sent to or received from the contractor. I understand that I am required to notify the claims office of any further correspondence I receive from the contractor.

5. \_\_\_\_\_ If I have authorized someone else to file my claim or to receive payment, I have included a **POWER OF ATTORNEY. (A SIGNED STATEMENT IS NOT SUFFICIENT)**.

6. \_\_\_\_\_ DD Form 1844, List of Property and Claims Analysis Chart. I have completed each section of the DD Form 1844 including all applicable information in Blocks 1 through 4. I have provided detailed descriptions of damage to each item claimed (if article is missing, indicate "missing" in description of damage), original cost, month and year of purchase, and repair cost or replacement cost (Blocks 5-11).

7. \_\_\_\_\_ One replacement cost estimate or repair estimate, as applicable, for any article you are claiming has a value or repair cost over \$100.00.

a. \_\_\_\_\_ **REPLACEMENT COST.** I have verified a claimed replacement cost of \$100.00 or more by clippings from catalogs, newspaper advertisements, etc., which show pictures and prices of identical or comparable items or written quotes from a firm which sells identical or comparable items.

b. \_\_\_\_\_ **REPAIR COST.** If I am claiming the cost to repair an item exceeds \$100.00, I have provided an estimate from a firm that is in the business of repairing such items (e.g., estimates for repair of dented fenders from an auto body shop). If the item is damaged beyond economical repair, the estimate must state this and I have submitted evidence to prove the replacement price of the item as described above. **The estimate clearly states the specific area on the item and damages to the item that are being repaired. An estimate that simply shows "repair" or "refinish" is not acceptable.**

c. \_\_\_\_\_ **Re-upholstery.** The estimate must state that:

- 1) the fabric used is of comparable quality to the original fabric;
- 2) patching, reweaving, using fabric from a different part of the item or any less expensive method of repair is not possible; and
- 3) must list cost of material and labor separately.

d. \_\_\_\_\_ **PHOTOGRAPHS.** If I have pictures of visible damages to the items being claimed, I have included them with my claim. I placed the item's line number, from the DD Form 1844, on the picture. I understand I will not be reimbursed for the cost of the pictures.

**ALL ESTIMATES MUST BE IN ENGLISH OR HAVE AN ENGLISH TRANSLATION ATTACHED.**

8. \_\_\_\_\_ I understand the claims examiner may require further information or additional repair estimates or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating the claim or if the repair or replacement cost submitted is excessive for average repairs or replacement of like items in the area.

9. \_\_\_\_\_ A legible copy of the DD Form 788 (front and back), Vehicle Inspection and Shipping Form (VISF) or checkout form used by the storage facility I turned into the Vehicle Processing Center or storage facility when I picked up my POV.

10. \_\_\_\_\_ PCS Orders and Amendments.

11. \_\_\_\_\_ Copy of current registration for vehicle.

12. \_\_\_\_\_ I have completed the Electronic Fund Transfer (EFT) Data sheet. (Only necessary if you do not have a current pay account through the Defense Finance and Accounting Service [DFAS], such as personnel who have left military service without retiring)

If any information is missing, my claim will be adjudicated with the information provided and may result in items being paid for lesser amounts than claimed or denied for failure to substantiate the claim.

\_\_\_\_\_  
(CLAIMANT SIGNATURE)

\_\_\_\_\_  
(Date)



**PERSONAL PROPERTY CLAIMS SETTLEMENT  
PAID BY ELECTRONIC FUNDS TRANSFER (EFT)**

All personal property claim settlements will be done by the Electronic Funds Transfer (EFT) method. Claim settlement checks will no longer be sent to claimants. It is the claimant's responsibility to ensure that their EFT information is submitted correctly when they submit their personal property claims. Please promptly submit your updated EFT information to the claims office processing your claim.

### CLAIMANT'S "ELECTRONIC FUNDS TRANSFER" INFORMATION

1. SSN:
2. NAME:
3. ADDRESS:                      Street    City, State    Zip Code
4. EMAIL ADDRESS:
5. DAY PHONE NO.:
6. CHECKING/SAVINGS (please check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
7. ACCOUNT NUMBER:
8. ROUTING NUMBER (9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. CLAIMANT SIGNATURE:
10. DATE:

*Note: The routing number is a nine digit number identifying your bank. The number is preprinted at the bottom of your checks and on your deposit tickets. Some banks use different routing numbers for EFT. If you are unsure which number is correct, please call your institution to verify your account and routing number prior to completing the information above.*

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE				
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)				
1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE		3. RANK OR GRADE	
4. SOCIAL SECURITY NUMBER		5. HOME ADDRESS (Street, City, State and Zip Code)		
6. CURRENT MILITARY DUTY ADDRESS (If applicable Street, City, State and Zip Code)		7. HOME TELEPHONE NO. (Include area code)		
8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED		
10. CIRCUMSTANCES OF LOSS OR DAMAGE (If explain in detail include date, place, and all relevant facts. Use additional sheets if necessary.)				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes" attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)				
13. HAS A CARRIER OR WAREHOUSE FIRM INVOICED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)				
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
17. SIGNATURE OF CLAIMANT (for designated agent)				18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)				
19. PROCEDURE (if one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721: \$		
a. SMALL CLAIMS	b. REGULAR CLAIMS	c. REVIEWING AUTHORITY		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		d. DATE SIGNED (YYYYMMDD)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY		
g. DATE SIGNED (YYYYMMDD)		h. DATE SIGNED (YYYYMMDD)		

DD FORM 1842, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

## FILLING OUT THE DD FORM 1842 (POV)

- BLOCK 1:** Must have the name of the military member or U.S. Government civilian employee.
- BLOCK 2:** Self-explanatory.
- BLOCK 3:** Enter military rank or civilian pay grade.
- BLOCK 4:** Self-explanatory.
- BLOCK 5:** Current place of residence.
- BLOCK 6:** Current military mailing address. If overseas, include complete command name, PSC and Box numbers and FPO/APO Zip Code.
- BLOCK 7:** Local home telephone number (if applicable).
- BLOCK 8:** Duty telephone number; DSN and Commercial.
- BLOCK 9:** Total amount claimed, including all repair estimates and/or replacement costs entered on the DD Form 1844. This amount should match the amount entered in Block 13 of DD Form 1844.
- BLOCK 10:** Provide a detailed description of your POV shipment or storage. Include locations, dates for drop-off and pick-up, and any special circumstances. Use additional sheets if necessary.
- BLOCKS 11-15:** Check appropriate boxes.
- BLOCK 17:** Must be signed by claimant. If signed by a designated agent, a copy of the valid power of attorney must be attached.
- BLOCK 18:** Self-explanatory.

1. NAME OF CLAIMANT (Last, First, Middle Initial)				2. POLICY NO.				3. PICK-UP DATE (YYYYMMDD)				4. DELIVERY DATE (YYYYMMDD)				5. LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)																																																																																																																																																																																																																																																																																																																																																			
6. CLAIMANT'S INSURANCE COMPANY (If applicable)				7. ORIGINAL COST				8. 10. MANUFACTURE DATE				9. 11. INVENTORY DATE				10. 12. EXCEPTIONS																																																																																																																																																																																																																																																																																																																																																			
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DD FORM 1844, MAY 2000  
FILLING OUT THE DD FORM 1844 (POV)

PREVIOUS EDITION IS OBSOLETE.

Page of Pages

BLOCKS 14-31: Do not write in these spaces.  
NOTE: If more than one page is used, indicate the page number in the space provided in the lower right corner of the form (i.e., Page 2 of 5 Pages).

BLOCK 1: Must be the same name entered in Block 1 of DD Form 1842.

BLOCK 2: Self explanatory.

BLOCK 3: Enter the date you dropped off your POV.

BLOCK 4: Enter the date you picked-up your POV.

BLOCK 5: Assign a line number, beginning with 1, for each lost/damaged item. Continue the number sequence on subsequent DD Forms 1844 if needed.

BLOCK 6: Quantity of items claimed on that line. (i.e., 1 Radio, 2 Tires, etc.)

BLOCK 7: Fully describe the item being claimed and provide specific descriptions of the damages, to include exact location and type of damage. Be very specific and do not use general terms such as "damaged."

BLOCK 8: Not needed for POV claim.

BLOCK 9: Enter the amount you paid for the item. If a gift, state "gift."

BLOCK 10: Enter the month and year the item was purchased or acquired. For POVs, provide the manufactured date, such as a 1995 Ford Escort Wagon.

BLOCK 11: Enter either the repair cost or the replacement cost. Enter both if it would cost more to repair than to replace the item.

BLOCK 12: Enter any remarks that are pertinent to this form, such as abbreviations used (i.e., DM = German Marks).

BLOCK 13: Enter the total (on the last page only) of the amount claimed. This is the total of your repair estimates and/or replacement costs. Enter this amount in Block 9 of your DD Form 1842 as the amount claimed.

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>			YES    NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>			YES    NO
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>			YES    NO
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			YES    NO
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			YES    NO
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(YYYYMMDD)</i>

## PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		d. DATE SIGNED <i>(YYYYMMDD)</i>
f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED <i>(YYYYMMDD)</i>

## PRIVACY ACT STATEMENT

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

## INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

## PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

<b>23. DENIAL</b> ( <i>X if applicable</i> ) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		<b>24. SUPPLEMENTAL PAYMENT</b> ( <i>X and complete if applicable</i> ) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>25. APPROVING/SETTLEMENT AUTHORITY</b> ( <i>Settlement Authority is required for denial.</i> )			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)								
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR		
a. NAME		b. POLICY NO.												
5.	6.	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>	8.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER		
LINE NO.	QTY		INV NO.	10. MM/YYYY PURCHASED		16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL \$					30. TOTAL AMOUNT ALLOWED	\$		31. THIRD PARTY LIABILITY	\$	\$